



Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Loss:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe Weather Outside at Time of Incident: \_\_\_\_\_

Wet Floor Signs Out?  Yes  No  N/A

Describe Incident Area:

Was Area Inspected by Employee?  Yes  No

If "Yes", by Whom: \_\_\_\_\_

Results of Inspection:

Were Pictures Taken?  Yes  No Video Available?  Yes  No

Describe What Happened:

Were Authorities Contacted?  Yes  No

If "Yes", Please Provide Authority Contact Information:

Injured Person Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Describe Injury:

Was Injured Party Take to Hospital?  Yes  No

If "Yes", Please Provide Facility Name and Address:

Any Witnesses to This Incident?  Yes  No

If "Yes", Please Provide Contact Information:

Employee Name (Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Narrative:

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_